| CURRENT | SALESMAN NO. | - |  | - 1 |
|---------|--------------|---|--|-----|
|         |              |   |  |     |
|         |              |   |  |     |

## STATE OF LOUISIANA

## RECREATIONAL AND USED MOTOR VEHICLE COMMISSION

3132 Valley Creek Drive
Baton Rouge, Louisiana 70808
(225) 925-3870 FAX # (225) 925-3869
www.lrumvc.state.la.us

|             | FICE USE ONLY |
|-------------|---------------|
| Receipt No. |               |
| Dealer No.  |               |
| License No. | <b>医在发展性的</b> |
| Date Issued |               |

## APPLICATION FOR LICENSE AS A SALESMAN FOR YEAR 20

|   | APPLICATION FO                                 | OR LICENSE AS                         | A SALESMAN                       | FOR YEAR 20               |                   |                       |
|---|--|---------------------------------------|----------------------------------|---------------------------|-------------------|-----------------------|
| PLEASE PRINT OR TYPE. Of information shall be grou  | Complete entire appl<br>nds for refusal to iss | ication and attac<br>ue or revocation | h such docume<br>of a Salesman L | nts as require<br>icense. | ed. Any misrepres | sentation or omission |
| NAME  | FIRST  |                                       | INITIAL                          | HOME PH                   | HONE ( )          |                       |
|   |  |                                       | Will/AC                          | CELL PHO                  | ONE (             |                       |
| RESIDENCE ADDRESS   |  |                                       |                                  |                           |                   |                       |
| HAIR EYES   |  |                                       |                                  |                           |                   |                       |
| DRIVER'S LICENSE NO   |  |                                       |                                  |                           |                   |                       |
| DEALERSHIP NAME   |  |                                       |                                  |                           |                   |                       |
| DEALERSHIP ADDRESS  |  |                                       |                                  |                           |                   |                       |
| HAS YOUR APPLICATION F  |  |                                       |                                  | ED OR REVOK               | (ED BY THIS OR )  | ANY OTHER STATE?      |
| HAVE YOU EVER BEEN COYEARS? YES NO 1  |  |                                       |                                  |                           |                   |                       |
| U.S. CITIZEN? YES □ NO<br>DRIVER'S LICENSE.   | D   IF NOT A U.S                               | S. CITIZEN, ATTA                      | ACH COPY OF F                    | RESIDENT AL               | IEN CARD (FROM    | NT AND BACK) AND      |
| I HEREBY CERTIFY THAT T<br>BELIEF AND THAT I AM F.<br>UNDER WHICH THIS APPLI                    | AMILIAR AND WILL                               |                                       |                                  |                           |                   |                       |
| *APPLICANT'S SIGNATURE  |  |                                       |                                  |                           | DATE              |                       |
| ANY FALSE ANSWER IS A<br>EXCEED 4 YEARS OR BOTH   | CRIMINAL OFFENS                                |                                       |                                  |                           |                   |                       |
|   |  | EMPLOYER'S                            | ENDORSEMEN                       | Т                         |                   |                       |
| THE FOREGOING ANSWER<br>BEST OF MY KNOWLEDGE<br>ABIDE BY THE PROVISION<br>PARTS THEREOF AND HAS | E AND BELIEF. THE<br>S OF THE LAWS AN          | APPLICANT IS F<br>D THE RULES AN      | RECOMMENDED ND REGULATION        | AS TRUSTW<br>NS GOVERNII  | VORTHY AND A I    | PERSON WHO WILL       |
| DEALERSHIP SIGNATURE -  | (INDIVIDUAL, MANAGING PA                       | ATNER, PRESIDENT OF CORE              | PORATION OR DULY AUTHO           | RIZED REPRESENTATIV       | DATE              |                       |
| SWORN TO AND SUB  |  |                                       |                                  |                           |                   |                       |
| NOTARY PUBLIC SIGNATU   | RE/COMMISSION ST                               | ΓAFF                                  |                                  |                           |                   |                       |
| *A SALESMAN LICENSE IS<br>LICENSE <b>MUST BE RE</b><br>DEALER/DISMANTLER AT A                   | TURNED TO THE                                  |                                       |                                  |                           |                   |                       |
| ATTACH CHECK TO COVER   |  |                                       | HECK IE APPLIC                   | CARLE                     |                   |                       |

ATTACH CHECK TO COVER \$25.00 FOR SALESMAN
ATTACH CHECK FOR \$35.00 TO COVER CRIMINAL RECORD CHECK, IF APPLICABLE.

MAKE CHECK PAYABLE TO: LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

MAIL COMPLETED FORM, FEES AND ATTACHMENTS TO THE ADDRESS LISTED ON THE TOP OF THIS APPLICATION.

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.